

FORM  
5Rev  
11/20

## State of Colorado

## Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109



Document Number:

402543263

Date Received:

## DRILLING COMPLETION REPORT

Per Rule 308A, this form and all required attachments shall be submitted after completing the drilling operations to drill, sidetrack, or deepen a wellbore and after changing the casing and/or cement configuration of a wellbore. If any attempt has been made to test, complete, or produce the well, the operator shall also submit a Form 5A (Completed Interval Report) per Rule 308B. If the well has been plugged, the operator shall also submit a Form 6 (Well Abandonment Report) per Rule 311.

Completion Type ☐ Final completion ☒ Preliminary completion

OGCC Operator Number: 83130

Contact Name: Shawn Reed

Name of Operator: STRACHAN EXPLORATION INC

Phone: (303) 5626530

Address: 383 INVERNESS PKWY, STE 360

Fax: (303) 7998975

City: ENGLEWOOD State: CO Zip: 80112

Email: shawn@strachanexploration.com

API Number 05-011-06060-00

County: BENT

Well Name: SNIFF

Well Number: E-1

Location: QtrQtr: CNW Section: 15 Township: 23S Range: 48W Meridian: 6  
FNL/FSL FEL/FWL

Footage at surface: Distance: 1320 feet Direction: FNL Distance: 1320 feet Direction: FWL

As Drilled Latitude: As Drilled Longitude:

GPS Data: GPS Quality Value: Type of GPS Quality Value: Date of Measurement:

\*\* If directional footage at Top of Prod. Zone Dist: feet Direction: Dist: feet Direction:  
Sec: Twp: Rng: FNL/FSL FEL/FWL\*\* If directional footage at Bottom Hole Dist: feet Direction: Dist: feet Direction:  
Sec: Twp: Rng: FNL/FSL FEL/FWL

Field Name: WAGON TRAIL

Field Number: 90475

Federal, Indian or State Lease Number:

Spud Date: (when the 1st bit hit the dirt) 04/04/1976 Date TD: 04/17/1976 Date Casing Set or D&amp;A: 04/18/1976

Rig Release Date: 04/18/1976 Per Rule 308A.b.

Well Classification:

☐ Dry ☒ Oil ☐ Gas/Coalbed ☐ Disposal ☐ Stratigraphic ☐ Enhanced Recovery ☐ Storage ☐ Observation

Total Depth MD 4828 TVD\*\* 4828 Plug Back Total Depth MD 4718 TVD\*\* 4718

Elevations GR 3814 KB 3824

Digital Copies of ALL Logs must be Attached ☐

List All Logs Run:

## FLUID VOLUMES USED IN DRILLING OPERATIONS

(Enter "0" if a type of a fluid was not used. Do not leave blank.)

Total Fluids (bbls): Fresh Water (bbls):

Recycled or Reused Fluids That Offset the Use of Fresh Water (bbls):

### CASING, LINER AND CEMENT

<u>Casing Type</u>	<u>Size of Hole</u>	<u>Size of Casing</u>	<u>Grade</u>	<u>Wt/Ft</u>	<u>Csg/Liner Top</u>	<u>Setting Depth</u>	<u>Sacks Cmt</u>	<u>Cmt Btm</u>	<u>Cmt Top</u>	<u>Status</u>
1ST	7+7/8	5+1/2	j-55	15.5	0	4718	215	4718	3500	CBL

Subsurface hazards include, but are not limited to, the following: overpressured zones, underpressured zones, major geologic faults, salt sections, H2S at concentrations greater than or equal to 100 ppm.

Bradenhead Pressure Action Threshold \_\_\_\_\_ psig

This threshold is calculated per Rule 308A.b.(2)G. If this well is located in a bradenhead test area (see Rule 207.b) per an Order of the Commission, it may be subject to a different threshold.

Does the casing centralization comply with Rule 317.g? No

If "NO", provide details below.

historical detail is unclear, but highly doubtful that April 1976 spud date

### STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: 08/21/2020

Method used	String	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom
SQUEEZE	1ST	2,795	75	2,745	2,845

Details of work:

Had a casing leak. Identified location and perforated 2795'. Squeeze w 75 sacks Cement w adds. Achieved 1000psi, released packer, pulled up the hole 500' and left 500psi on system. Drilled out and pressure tested to 300 psi. Attempted to put well back on production.

### FORMATION LOG INTERVALS AND TEST ZONES

FORMATION NAME	Measured Depth		Check if applies		COMMENTS (All DST and Core Analysis must be submitted to COGCC)
	Top	Bottom	DST	Cored	

Operator Comments:

This submission outlines  
1) the 2nd stage cementing operation from 1976  
2) Casing repair work from Aug 2020

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: \_\_\_\_\_

Print Name: Shawn D Reed

Title: Consulting Engineer Date: \_\_\_\_\_ Email: shawn@strachanexploration.com

### Attachment Check List

Att Doc Num	Document Name	attached ?
<u>Attachment Checklist</u>		
	CMT Summary *	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
	Directional Survey **	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
	DST Analysis	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
	Logs	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
402543289	Other	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
<u>Other Attachments</u>		
402543283	PDF-	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
402543314	OPERATIONS SUMMARY	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
402543315	OPERATIONS SUMMARY	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
402543321	OPERATIONS SUMMARY	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

### General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
		Stamp Upon Approval

Total: 0 comment(s)

